

Date: March 21, 1997

To: Section Chiefs and Above

From: Office of the Director
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Subject: Implementation of Common Data Elements

In my memo dated June 3, 1996 to Deputy Directors, I established policies concerning the implementation of common data elements as part of our overall goal of standardizing data collection practices within our Department. All departmental datasets that include individual client data collected from health services delivery systems or health status, morbidity, and mortality data on individuals were directed to adopt the following policies:

1. Five common core data elements will be adopted as part of all such datasets:
 - Birth Name (First, Middle, Last)
 - Birth Date
 - Birth Place
 - Mother's First Name
 - Gender
2. In addition, seven common confirmatory data elements should be collected when possible:
 - Social Security Number
 - Other Client Numbers
 - Father's Name
 - Mother's Maiden Name
 - Current Name/Client Aliases
 - Client's County of Residence
 - Zip Code of Client's Residence
3. All client-based datasets will adopt the five common core data elements and those that are possible among the seven confirmatory data elements by June 1998.

Over the past several months, a Core Data Elements Steering Committee has been meeting to develop specifications for the five common core and seven confirmatory data elements. Attached is a copy of these specifications. The specifications are intended to provide the necessary technical information needed to ensure the common core and confirmatory data elements are implemented uniformly across all program datasets. They include data element definitions, field lengths, formats, edit criteria, and allowed values or codes. Programs must collect the required data elements and are strongly encouraged to use the allowed values or codes for these elements. In recognition of specific program needs however, a program may choose to: a) maintain longer name field lengths provided they can be truncated to the specifications; b) collect data in more detailed subcategories provided they can be collapsed to those in the specifications; or c) use different codes provided they can be converted to the codes in the specifications.

Privacy and confidentiality are important issues regarding the collection and use of these data elements. A subcommittee of the Core Data Elements Steering Committee is in the process of assessing these issues. In the interim, programs should be aware that consent or release forms may be required for certain intended uses of the common core data elements, and should consult with our Office of Legal Services if they are unsure of the statutory or regulatory consent requirements when collecting or sharing these common core elements.

National efforts are currently underway to adopt uniform data standards for patient medical information and the electronic exchange and reporting of such information among health insurers (Health Insurance Portability and Accountability Act of 1996). It will be some time, however, before these standards will be promulgated by the Secretary of Health and Human Services. Initial indications are that the standards being discussed pursuant to this Act closely resemble those included in the attached specifications. The Social Security Number is being considered as a personal identifier at the national level. Although the Social Security Number is not one of the mandated five common core data elements, it is strongly recommended that programs provide for the capacity to collect this item when designing new or re-designing existing datasets.

The Core Data Elements Steering Committee is in the process of developing guidelines for the process by which those programs that are unable to comply with these policies can request an extension or exception. In the interim, programs may submit their requests to the Department's Executive Staff as stipulated in my June 3, 1996 memo.

Section Chiefs and Above

Page 3

I believe these policies are an important part of the Department's goal of building an information infrastructure that will enhance dataset linkages from which information concerning the health outcomes and cost-effectiveness of health services utilized by our citizens can be made more readily available for informed management decisions and policy development. I know that the implementation of these policies will be a significant challenge to some programs. Nevertheless, I am hopeful that the Department can meet this challenge by the targeted deadline and thereby open up significant new opportunities for information linkage and exchange across programs.

Questions regarding these policies, the attached specifications, or the continuing work of the Core Data Elements Steering Committee can be directed to Peter Abbott, M.D., Acting Chief of the Center for Health Statistics, at (916) 322-1223.

S. Kimberly Belshé
Director

Attachment

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